Arch Sex Behav
DOI 10.1007/s10508-016-0830-3

LETTER TO THE EDITOR

Moving Transgender Care Forward within Public Health Organizations: Inclusion of Facial Feminizing Surgery in the Swedish National Treatment Recommendations

T. Kalle Lundgren[1,2] · Josef Isung[1,4] · Johan Rinder[5] · Stefan Arver[3,4] · Lars-Erik Holm[6] · Filip Farnebo[1,2]

Received: 23 July 2016 / Accepted: 2 August 2016
© Springer Science+Business Media New York 2016

Sweden has a history of being in the forefront of transgender health and pioneered with a legal framework regulating the right to transgender individuals to undergo gender-confirming surgery and legal sex change in 1972 (Cohen-Kettenis & Pfäfflin, 2003). Recently, it was decided that facial feminization surgery should be offered to people with gender dysphoria within the public healthcare system. The National Board of Health and Welfare thus published updated national guidelines for the care of these patients in 2015 (God vård av vuxna med könsdysfori Nationellt kunskapsstöd, 2015). As a result of this publication, Sweden became the first country in the world to perform craniofacial surgery to feminize the facial skeleton and the skull with all costs supported by the public healthcare system.

The publication *Good Care of Adults with Gender Dysphoria* was the result of the National Board of Health and Welfare's inquiry on transgender care initiated by its previous Director General. The initiative was undertaken due to the perceived inequality of care for this rapidly growing patient group. Incidence and point prevalence has both in Sweden and internationally risen dramatically, with community estimates reporting increases between tenfold up to hundredfold (Deutsch, 2016; Dhejne, Öberg, Arver, & Landén, 2014). Hence, gender dysphoria can no longer be regarded as a medical rarity.

The process to produce these national guidelines was started in 2011 by inviting medical experts from the gender assessment teams in Sweden, including psychiatric and psychological expertise, plastic surgeons, speech therapists, endocrinologists, and also politicians, experts in legislation, and patient organizations. Genital surgery, cross-sex hormone therapy, speech therapy, and hair removal have been offered within the public healthcare system for many years, and little controversy exists among medical professionals to continue doing so.

In contrast, the most controversial issue became whether Sweden should publicly fund surgery also to permanently change the facial appearance of patients. In order to feminize the skeletal structure of the craniofacial region, significant resources are required. Technical skills are not widespread, and surgical risks should not be underestimated. Furthermore, a recommendation that such surgery should be offered would be in stark contrast to other countries where this surgery is not funded.

To define what is feminine vs. masculine is not easy to determine nor universally accepted. This led to a statement that the acceptance for surgery of patients should be decided within multidisciplinary teams, and the published national guidelines also stated that only "selected" patients should be offered such surgery. Although we as medical professionals in general support the outcome of the guidelines, including the section on facial feminization surgery, the vague writing resulted in a difficult position as patients expressed an interest and started to be referred to the Stockholm Craniofacial Center.

Who should be accepted for surgery and on what basis? And what surgery should be performed? At the Karolinska University

✉ T. Kalle Lundgren
Kalle.Lundgren@ki.se

1 Department of Molecular Medicine and Surgery, Karolinska Institutet, Stockholm, Sweden

2 Stockholm Craniofacial Center, Karolinska University Hospital, 17176 Stockholm, Sweden

3 Department of Medicine/Huddinge, Karolinska Institutet, Stockholm, Sweden

4 ANOVA, Karolinska University Hospital, Stockholm, Sweden

5 Unit of Nationalised Specialised Medical Care, Karolinska University Hospital, Stockholm, Sweden

6 National Board of Health and Welfare, Stockholm, Sweden

Published online: 08 August 2016

Hospital, a decision was made to rapidly acquire at least some evidence-based knowledge within the area. In collaboration with expertise from the gender assessment team in Stockholm, it was agreed to include 10 patients in an initial cohort study. All patients were assessed by a psychiatrist, and patients agreed to participate in an extensive evaluation to determine the pre- and postoperative outcome, both in terms of surgical results and mainly to get some knowledge on whether we were providing any value to patients by performing this surgery.

Currently, we cannot know whether other countries will use Sweden's experience and the national guidelines published by the Swedish National Board of Health and Welfare to develop a similar approach in their own medical legislation. It is clear, however, that each country will have to follow suit and urgently deal with how to equally and in a medically responsible way handle all aspects for this growing group of members of our society.

Compliance with Ethical Standards

Conflict of interests No conflict of interests for any author.

References

Cohen-Kettenis, P. T., & Pfäfflin, F. (2003). *Transgenderism and intersexuality in childhood and adolescence: Making choices*. Thousand Oaks, CA: Sage Publications.

Deutsch, M. B. (2016). Making it count: Improving estimates of the size of transgender and gender nonconforming populations. *LGBT Health, 3*, 181–185. doi:10.1089/lgbt.2016.0013.

Dhejne, C., Öberg, K., Arver, S., & Landén, M. (2014). An analysis of all applications for sex reassignment surgery in Sweden, 1960–2010: Prevalence, incidence, and regrets. *Archives of Sexual Behavior, 43*, 1535–1545. doi:10.1007/s10508-014-0300-8.

God vård av vuxna med könsdysfori Nationellt kunskapsstöd. (2015). *Socialstyrelsen*. http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19798/2015-4-7.pdf.